



DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON DC 20350-2000

OPNAVINST 1300.20
N1/PERS-454
25 Sep 2018

OPNAV INSTRUCTION 1300.20

From: Chief of Naval Operations

Subj: DEPLOYABILITY ASSESSMENT AND ASSIGNMENT PROGRAM

Ref: (a) RESPERS M-1001.5 of 5 June 2012
(b) COMNAVRESFORINST 3060.7C
(c) OPNAVINST 3060.7C
(d) DoD Instruction 1332.45 of 30 July 2018
(e) DoD Instruction 6490.03 of 11 August 2006
(f) SECNAVINST 1850.4E
(g) DoD Instruction 1332.18 of 5 August 2014
(h) NAVPERS 15560D
(i) BUPERSINST 1610.10D
(j) DoD Instruction 6025.19 of 9 June 2014
(k) SECNAVINST 6120.3
(l) OPNAVINST 6110.1J
(m) NAVMED P-117
(n) 10 U.S.C.
(o) DoD Instruction 1332.14 of 27 January 2014
(p) SECNAVINST 1920.6C
(q) DoD Instruction 1332.30 of 11 May 2018
(r) ASN (M&RA) Memorandum, Separations for Conditions Not Amounting to a Disability (CnD), 9 January 2018
(s) OPNAVINST 5200.25E
(t) BUMEDINST 1300.2B

Encl: (1) Definitions

1. Purpose. To establish policy and procedures for implementing the Navy's Deployability Assessment and Assignment Program. This program will ensure the timely disposition, processing and accountability of Active Component (AC), full-time support (FTS) and Selected Reserve (SELRES) Service members who are either medically or administratively limited from deployment.

2. Scope and Applicability. This instruction applies to Navy AC, FTS, and SELRES personnel, commands, and activities. The policies pertaining to deployability are applicable to all personnel, with specific additional guidance for the mobilization or activation of SELRES found in references (a) through (c).

3. Responsible Offices. The Deputy Chief of Naval Personnel is the single process owner of the Navy's Deployability Assessment and Assignment Program. Assistant Commander, Navy Personnel Command (COMNAVPERSCOM) for Career Management (PERS-4) is the AC and FTS deployability assessment and assignment program manager. Deputy Commander, Navy Reserve Force (COMNAVRESFOR) is the SELRES deployability assessment and assignment program manager.

4. Discussion

a. This instruction implements reference (d), consistent with references (e) through (g), which provide overall Department of Defense (DoD) and Secretary of the Navy (SECNAV) policy and procedures for evaluation of medical, legal, or administrative readiness for duty and disposition of physical disability. Enclosure (1) contains definitions for terminology applicable to this instruction.

b. A Service member is deployable if he or she does not have a Service-determined reason that precludes him or her from deployment. This instruction provides guidance for assessment of the deployability of Service members, classification of that deployability and execution of DoD policy objectives with regards to increasing force lethality. The military treatment facility (MTF) and Service member's command will make deployability assessments by determining the Service member's ability to perform appropriate military duties commensurate with his or her office, grade, rank, or skill in light of ongoing medical treatment or administrative limitations.

c. It is the personal responsibility of every Service member to maintain individual readiness, including medical, dental, physical, and administrative (e.g., maintaining a family care plan) readiness. Concurrently, commands must be proactive and ensure the individual readiness of each Service member at all times. In line with references (h) and (i), commands will use written counseling and fitness reports or performance evaluations to document a Service member's knowing failure to comply with responsibilities to maintain individual readiness (e.g., missing medical or dental appointments or intentional failure to disclose status affecting deployability). Maintaining medical readiness through prescribed health encounters (e.g., periodic health assessment (PHA), annual dental exam, medical screenings in conjunction with NAVPERS 6110/3 Physical Activity Risk Factor Questionnaire (PARFQ), etc.) is a key component of identifying and correcting non-deployable conditions. When Service members fail to maintain medical readiness by design or neglect, it results in a less lethal and deployable force. Accordingly, commands must be diligent in ensuring Service members meet obligations and document the failure of those who demonstrate an unwillingness to do so. Failure of a Service member to comply with this policy could ultimately result in administrative separation.

d. AC and FTS commands must support readiness Navywide by immediately reporting any Service member's medical or administrative status affecting deployability to the

COMNAVPERSCOM Deployability Assessment and Assignment Branch (PERS-454). For SELRES, each Service member will report any medical or administrative status that affects the ability to deploy immediately to their respective Navy Reserve activity in order to annotate appropriate updates in applicable medical or administrative systems.

5. Classification

a. The AC and FTS program manager will use deployment category codes derived from section 3 of reference (d) to classify the deployability of each Service member. PERS-454 will apply, validate, and review deployment category codes and expiration dates and maintain this information within official systems to communicate to detailers and community managers, enabling accurate and appropriate assignment and distribution. The facts underlying a Service member's non-deployable status determine a Service member's duration of non-deployability, while deployment category codes provide metrics and enable accurate tracking by PERS-454. PERS-454 will adjudicate cases where the dates of non-deployability are unclear. All AC and FTS Service members will be assigned a deployment category code consistent with one of the categories in the following subparagraphs 5a(1) through 5a(4).

(1) Category 1 - Fully Deployable. Sailors are fully deployable to an operational area or in support of operations.

(2) Category 2 - Deployable with Limitations. Sailors can be assigned into and out of an operational area in support of operations with geographic limitations, medical restrictions, or platform limitations.

(3) Category 3 - Temporarily Non-Deployable. Sailors cannot deploy to an operational area or in support of operations without COMNAVPERSCOM approval due to temporary restrictions: medical conditions (e.g., referred to disability evaluation system (DES)), temporary limited duty (LIMDU), hospitalization, pregnancy), legal actions, administrative actions (e.g., absent without leave, failure to maintain family care plan, adoption, age under 18, humanitarian assignment), training, or transient status.

(4) Category 4 – Permanent Non-Deployable. Sailors cannot deploy to an operational area or in support of operations because of permanent restrictions including medical (e.g., enrolled in DES, permanent LIMDU) or administrative reasons (e.g., sole survivor, unable to carry a firearm, conscientious objector, ex-prisoner of war).

b. The SELRES program manager will use manpower availability status codes to classify the varying limitations into categories that designate a Sailor's ability to mobilize in line with reference (a). Upon the release of a combined pay and personnel system, deployment category codes and manpower availability status codes will be merged into one set of codes that will address total force deployability.

6. Deployability Assessments

a. Periodicity

(1) Per references (j) and (k), a Service member's medical deployability will be considered during all healthcare encounters, including, but not limited to: annually during the PHA, when a medical assessment is required for completion of the NAVPERS 6110/3, in line with reference (l), and during sea duty and overseas duty screenings. Additionally, following reference (e), deployment health assessments are used to screen Service members for health concerns prior to and after deployments. Deployment health assessments augment the PHA but are not substitutes.

(2) Sea duty and overseas screenings will be completed during each PHA and will be updated upon receipt of orders. Additionally, individual medical readiness (IMR) deficiencies will be identified and updated at the time of the PHA.

b. Deployment-Limiting Medical Conditions. If an AC and FTS Service member has a deployment-limiting medical condition that is initially projected to last 30 days or less, the medical provider may assign light duty. If after placement on light duty, the treating provider anticipates the condition will resolve within 90 days of the initial light duty status, the treating provider may extend light duty to a maximum of 90 days. If a Service member has a deployment-limiting medical condition that will last greater than 30 days, even if assigned to non-operational duty, the medical provider will refer the Service member to a medical evaluation board (MEB) for placement in a temporary LIMDU status, recommendation for administrative separation for conditions not amounting to a disability or referral to the DES. Temporary LIMDU status will be assigned when the Service member is expected to return to medically unrestricted duty within specific time constraints listed in references (m) and (n). Refer to reference (h) for special assignments for temporary LIMDU, permanent LIMDU, and the DES. SELRES Service members who have deployment-limiting medical conditions will be assigned a manpower availability status code of temporarily not physically qualified or temporarily not dentally qualified if the condition is not service connected and will be resolved within 180 days, a line of duty case if injured on active duty orders or a medical retention review (MRR) for chronic medical conditions that prevent the SELRES Service member from safely or effectively fulfilling their duties during a mobilization or deployment in line with reference (a).

(1) Temporary LIMDU

(a) The MTF convening authority (CA) approves all temporary LIMDU requests for any officer or enlisted Service member if a period of temporary LIMDU will not result in extension of temporary LIMDU beyond the point of 12 consecutive months and if the Service member is expected to return to a medically unrestricted duty status at the completion of the

temporary LIMDU period. Periods of temporary LIMDU will be outcome-based, meaning that the length of the period will be tied to the treatment provider's estimated timeframe for a Service member to recover and return to a deployable status. PERS-454 senior medical officer (SMO) can direct the cognizant MTF CA to place a Service member on temporary LIMDU at any time. NAVMED 6100/5 Abbreviated Medical Evaluation Board Report is an abbreviated report used to assign a Service member who has an uncomplicated injury or illness to temporary LIMDU. NAVMED 6100/5 will be used for the period tied to the estimated timeframe for a Service member to recover and return to a deployable status or subsequent periods not for the same condition.

(b) With the exception of cases properly referred to the DES, temporary LIMDU concludes when a Service member is returned to medically unrestricted duty by the MEB or upon expiration of temporary LIMDU. NAVMED 6100/6 Return of a Patient to Medically Unrestricted Duty from Limited Duty is a medical administrative document used to find Service members fit to return to medically unrestricted duty from temporary LIMDU and be made available for transfer at projected rotation date. NAVMED 6100/6 will be completed and forwarded to medical boards. If the Service member's medical temporary LIMDU status is not updated prior to the expiration of temporary LIMDU, PERS-454 will change the Service member's deployment category to reflect that the Service member is in an expired temporary LIMDU status. PERS-454 will coordinate with the Navy Bureau of Medicine and Surgery (BUMED), Medical Readiness (M34) to determine the Service member's medical status.

(c) Per reference (o), a Service member who is in a temporary LIMDU status may still retire or be separated at the Service member's soft expiration of active obligated service (SEAOS) or at high year of tenure. Command-recommended extensions while in a temporary LIMDU status may be approved only by Bureau of Naval Personnel, Enlisted Community Management Division (BUPERS-32). High year of tenure waivers for extensions must be approved by BUPERS-32. Service members enrolled in the DES or inpatients at a hospital may have their fleet reserve, retirement, or current enlistments extended with approval from BUPERS-32. Enrollment in the DES is defined as the Service member's case having been referred for DES by a medical provider as defined in reference (f) and is evidenced by the MTF physical evaluation board (PEB) liaison officer establishing a case in either the Veterans Tracking Application (VTA), Legacy DES Sailor and Marine Readiness Tracker (SMART) or any subsequent DES systems.

(2) Referral to the DES

(a) If at any time, regardless of current temporary LIMDU status or period, a medical provider determines that a Service member has a Veteran Affairs Schedule for Rating Disabilities-ratable condition with a poor prognosis for return to a medically unrestricted duty status, a medical provider, via a MEB, must recommend referring the Service member's case to

the DES for adjudication. Additionally, PERS-454 SMO can direct the cognizant MTF CA to refer a Service member's case to the DES at any time.

(b) Upon return to medically unrestricted duty after a PEB finding of found fit for continued Naval Service, Service members must complete a medical assignment screening as per reference (h). COMNAVPERSCOM Special Assistant to the Director, Enlisted Distribution Division (PERS-40BB) or PERS-454 may direct a medical assignment screening prior to the issuance of orders in select cases. The purpose of the medical assignment screening is to identify a Service member's deployment limitations (if any) and make recommendations regarding duty assignment and the duration of any deployment limitations.

(3) See references (a) through (c) for policy for mobilization or deployable limiting medical conditions resulting in temporarily not physically qualified, temporarily not dentally qualified, line of duty, and MRR.

c. Deployment-Limiting Administrative Reasons. If a Service member is aware of an administrative deployment limitation, the Service member is required to report the reason to the appropriate command representatives. Commanding officers will report the limitation using the bases for temporary and permanent non-deployability in reference (d) and start date to PERS-454.

7. Mandatory Processing for Administrative Separation. Service members who have been non-deployable for 12 consecutive months for administrative reasons will be notified, and, if not already being administratively processed for other reasons, must be administratively processed in line with references (h), (p), and (q).

a. If at any time, regardless of current temporary LIMDU status or period, a medical provider determines that a Service member has a condition that is not a Veteran Affairs Schedule for Rating Disabilities-ratable condition with a poor prognosis for return to a medically unrestricted duty status, a medical provider, via a MEB, must recommend administrative separation for that member in line with references (h), (p), and (r).

b. If a Service member is non-deployable because of pending criminal investigation or court-martial proceedings, he or she is exempt from this processing requirement until conclusion of legal proceedings. At that time, the Service member will receive a deployability assessment with potential to return to a deployable status.

8. Retention Determinations

a. Administrative. Any Service member may request retention at the earlier of either: (1) the date at any time prior to 12 months upon which the appropriate authority makes a

determination that there is not a reasonable expectation that the member will become deployable, or (2) the 12-month point of non-deployability. This request must route through the Service member's unit commanding officer.

(1) AC and FTS Service members must scan and submit written retention requests with command endorsement directly to PERS-454 via e-mail at: nondeployable12m.fct@navy.mil.

(2) SELRES Service members must scan and submit written retention requests with command endorsement directly to their respective Navy Reserve activities for further submission to COMNAVRESFOR.

b. Medical. Retention for medical reasons can be requested by a Service member only after completion of the DES process. If a Service member is found not fit for duty through the DES process, he or she can request a waiver to remain in service in line with reference (f).

9. Responsibilities

a. Director, Twenty-First Century Sailor Office (OPNAV N17). Will provide access to pertinent data related to programs that impact a Service member's deployability (e.g., Physical Readiness Information Management System (PRIMS), Alcohol and Drug Management Information Tracking System (ADMITS) and any other relevant data) to specifically authorized PERS-454 personnel.

b. Commander, Navy Installations Command. Will provide access to pertinent data related to programs that impact a Service member's deployability (e.g., Safe Harbor and Wounded Warrior, Family Advocacy Program, and any other relevant data) to specifically authorized PERS-454 personnel.

c. BUMED

(1) Ensure that Service members' deployability is assessed at every healthcare encounter, including, but not limited to, PHA and when a medical evaluation is required in conjunction with the completion of the NAVPERS 6110/3, regardless of whether the Service members are currently assigned to operational or non-operational commands.

(2) Train all healthcare providers to assess Service members' medical status with deployability as a primary focus at all healthcare encounters.

(3) Ensure all temporary LIMDU periods, pregnancies, and DES cases are entered into the Medical Readiness Reporting System (MRRS), the current temporary LIMDU computer tracking system (e.g., LIMDU SMART), VTA, or subsequent systems replacing them as required.

(4) Provide Navy Personnel Command-designated staff appropriate access to the temporary LIMDU data system and the electronic health record (e.g., Armed Forces Health Longitudinal Technology Application (AHLTA)) or subsequent systems replacing them as required to ensure access of applicable medical information.

(5) Collaborate with PERS-454 to assess and continue to develop training objectives for the temporary LIMDU program.

(6) Ensure the authoritative temporary LIMDU computer tracking system is appropriately updated and final actions for temporary LIMDU case closure or referral to DES are completed following reference (j).

(7) Collaborate with PERS-454 to assess required manpower. Codify an additional duty relationship with PERS-454 via memorandum of understanding and appropriate activity manpower documents.

(8) Review MRR packages and determine the physical qualification status in line with reference (h).

d. COMNAVPERSCOM

(1) Provide PERS-454 with pertinent data related to programs that impact a Service member's deployability. Establish metrics and reporting requirements for medically and administratively restricted personnel.

(2) Maintain an office to serve as the central coordinator for the assessment and assignment of Service members who are either medically or administratively restricted from deployment.

(3) Assign a SMO to PERS-454 to standardize the assignment, distribution, and deployment statuses of medically restricted personnel.

e. PERS-454

(1) Maintain force deployability metrics for reporting medically and administratively restricted AC and FTS personnel.

(2) Determine suitability for assignment of Service members with medical conditions for operational commands. This determination includes authority to direct a command to accept a Service member who is deployable with limitations (e.g., blood borne pathogen) if the PERS-454 SMO deems the operational command suitable for placement.

(3) Review and route all properly forwarded AC and FTS retention requests to the designated authority to retain a Service member whose period of non-deployability exceeds the 12-month limit.

(4) Direct the cognizant MTF CA to place a Service member in a temporary LIMDU status or direct that a Service member's case be entered into the DES and referred to PEB at any time.

(5) Serve as the authority, in collaboration with BUMED and other stakeholders, in the development of all temporary LIMDU training programs to ensure compliance with this instruction.

(6) Develop and implement use of deployment category codes for system input, tracking, and reporting of Service member deployability status.

(7) Collaborate with BUMED to assess required manpower. Codify an additional duty relationship with BUMED via memorandum of understanding and appropriate activity manpower documents.

f. COMNAVRESFOR

(1) Direct the COMNAVRESFOR force surgeon to establish policy and issue guidance for COMNAVRESFOR health protection and management.

(2) Establish and be the authoritative source for reserve force deployability metrics for reporting medically and administratively restricted Service members.

(3) Hold Navy Reserve activities accountable to references (a) through (c).

(4) Review and route all properly forwarded SELRES retention requests to the designated authority via Office of the Chief of Navy Reserve (CNO N095) to retain a Service member whose period of non-deployability exceeds the 12-month limit.

g. MTFs

(1) Use deployability assessments to make determinations about a Service member's ability to perform appropriate military duties commensurate with his or her office, grade, rank or skill in light of ongoing medical treatment.

(2) Ensure the deployability of each Service member is assessed at each healthcare encounter and when completing the PHA, which will include sea duty and overseas screenings.

Review documentation for healthcare encounters completed within the TRICARE civilian network to assess impact on deployability. If a Service member has any deployment limiting condition identified during the PHA that is not already being appropriately addressed, the Service member should be referred to his or her primary care provider for placement on light duty or to the MTF MEB for disposition. Medical providers must prioritize deployability and eligibility for operational duty when determining PHA disposition. Per reference (k), all medical conditions must be accurately documented to reflect the Service member's limitations and updated in the appropriate medical reporting systems.

(3) Ensure active duty Service members with medical conditions that cannot be resolved with light duty, as defined in enclosure (1), are referred to the MTF's MEB for appropriate disposition and recommendations.

(4) Conduct MEBs following references (f) and (m).

(5) Develop steps to ensure temporary LIMDU periods are outcome-based and authorized in the proper timeframe.

(6) Enter all temporary LIMDU cases into LIMDU SMART or any subsequent system and enter all DES cases into the VTA for tracking purposes.

(7) Comply with BUMED temporary LIMDU managers' internal controls under reference (s) to ensure timely evaluation and reporting of light duty, temporary LIMDU and DES cases.

(8) Designate, in writing, a qualified deployability coordinator (previously known as a LIMDU coordinator) to work in concert with command deployability coordinators to report and track medically restricted Service members. They are responsible for:

(a) reporting all pregnancies or assisted reproductive technology cases as well as subsequent status updates in MRRS; and

(b) notifying a command's deployability coordinator when a change in temporary LIMDU status occurs.

(9) Assist command deployability coordinators and temporary LIMDU Service members in acquiring appointments on a priority basis.

(10) Establish local procedures to ensure the Service member reports to the MTF patient administration office immediately upon being recommended for placement on, extension of or removal from temporary LIMDU.

h. SELRES Service Members. For SELRES Service members, Navy Reserve activity medical department representative, coordinating with available medical and dental resources, will fulfill responsibilities as listed in reference (a) and coordinate with the Navy Reserve activity administrative and personnel offices to ensure SELRES deployability information is updated.

i. AC and FTS Service Members. AC and FTS Service members servicing pay and personnel offices (e.g., MyNavy Career Center and personnel support detachments) must:

(1) provide annual training to personnel support professionals on proper accounting category code assignments and tracking of medically restricted officers and enlisted Service members (e.g., awaiting medical determination, temporary LIMDU, DES, etc.);

(2) designate, in writing, a qualified deployability coordinator to work in concert with command and MTF deployability coordinators to report and track medically or administratively restricted Service members;

(3) maintain a current roster of all supported command deployability coordinators in order to notify command deployability coordinators at least monthly of any expired temporary LIMDU cases and update the deployability status of the Service members; and

(4) monitor the SEAOS and mandatory separation dates of all personnel assigned temporary LIMDU or enrolled in the DES. If a Service member has an expired SEAOS or mandatory separation date during the period of temporary LIMDU or DES, contact BUPERS-32 for guidance. Per reference (o), placement on temporary LIMDU will not delay a mandatory separation or retirement unless a Service member is either hospitalized or the Service member's case has been accepted by the DES.

j. Commands

(1) Designate, in writing, a deployability coordinator to work in concert with MTF deployability coordinators to report and track medically and administratively restricted Service members.

(2) Ensure contact information of the command deployability coordinator is kept current with the servicing MTF and servicing pay and personnel offices (e.g., MyNavy Career Center and personnel support detachments).

(3) Ensure, per reference (g), the command pay and personnel administrators coordinate with servicing pay and personnel offices to verify timely and accurate accounting category code assignments are made for the officers and enlisted Service members assigned to their units. Navy Reserve activities will ensure proper manpower availability status codes are documented in Navy Standard Integrated Personnel System (NSIPS) in line with reference (a).

(4) Ensure annual PHA completion and accurate IMR reporting of all personnel assigned to their units. IMR is the fundamental method by which medical readiness and the health of each unit is measured, and the PHA is vital to regularly assessing Service member health. Command fitness leaders, health promotion personnel, dental and fleet liaison representatives, and command pay and personnel administrators should coordinate their tasks to assist individuals and commands in achieving and maintaining medical readiness.

(5) Ensure command fitness leaders comply with reference (l) as it pertains to deployability status (e.g., Service members with medical conditions limiting participation in the PFA or who screen positive on the NAVPERS 6110/3 are directed to their primary care). Any Service member who is waived from any portion of the semi-annual PFA must be placed in the appropriate medically-restricted status (e.g., light duty, temporary LIMDU, temporarily not physically qualified, temporarily not dentally qualified, line of duty, MRR, pregnancy or postpartum, DES, etc.).

(6) Monitor Service members in temporary or permanently non-deployable status and maintain close liaison with their respective command career counselors on issues of expiration of SEAOS or mandatory separation while on temporary LIMDU or DES in line with reference (q). Contact BUPERS-32 for guidance concerning Service members with an expired SEAOS or mandatory separation date during a period of temporary LIMDU or DES. Navy Reserve activities will monitor for SELRES personnel.

(7) Issue NAVPERS 1070/613 Administrative Remarks to all temporary LIMDU Service members acknowledging the responsibility to report to all scheduled appointments and to be compliant with medical recommendations and limitations. The issued NAVPERS 1070/613 should note that failure to report to scheduled appointments may constitute a violation of the Uniform Code of Military Justice, article 86 (failure to go to appointed place of duty) and article 92 (failure to obey a lawful order).

(8) Use written counseling and fitness reports or performance evaluations to document a Service member's failure to maintain medical readiness by design or neglect or comply with responsibilities to maintain individual readiness (e.g., repeatedly failing to complete required PHA actions). Failure to maintain readiness by design or neglect or comply with medical recommendations and limitations is a substantial departure from the expected standards for military bearing or character. A Service member's negligence in maintaining deployability after counseling may be documented in a special evaluation or fitness report. Commands must be diligent in ensuring Service members meet medical readiness obligations and document the failure of those who demonstrate an unwillingness to do so. References (h) and (i) provide further guidance. Failure of a Service member to comply with this policy could ultimately result in administrative separation.

(9) Initiate administrative separation processing or referral to the DES, as appropriate, once the command determines that there is a reasonable expectation that the restriction will not be resolved and the Service member will not become deployable within 12 months.

k. Service Members

(1) Ensure personal accountability to all aspects of individual readiness, including medical, dental, physical and administrative (e.g. maintaining a family care plan) readiness.

(2) Maintain individual readiness. Failure to do so by design or neglect is a substantial departure from the expected standards for military bearing or character. A Service member's failure to meet individual readiness requirement may be documented in a special evaluation or fitness report. Failure of a Service member to comply with this policy could ultimately result in administrative separation.

(3) Be compliant with all IMR requirements under references (j) and (k). Ensure all IMR documentation is delivered to the MTF or Navy Reserve activity medical department representative for SELRES, where personal medical records are maintained, for entry into an approved electronic data system as well as in health records. Withholding or failure to include medical documentation in the medical record may result in denial of future disability benefits. IMR consists of six elements listed in the below subparagraphs 9k(3)(a) through 9k(3)(f).

(a) Individual medical equipment (e.g., eye glasses, warning tags, gas mask inserts for Service members who need visual correction, etc.).

(b) Immunizations.

(c) Medical readiness laboratory studies.

(d) Dental readiness.

(e) Deployment-limiting medical conditions.

(f) PHA.

(4) Report to the MTF patient administration office immediately upon being recommended for placement, extension of or removal from temporary LIMDU.

(5) If in a restricted deployability category, ensure leave (other than emergency) is coordinated with the command deployability coordinator and does not conflict or coincide with medical appointments.

(6) If on temporary LIMDU, visit with the treating provider on a routine basis throughout the temporary LIMDU period and ensure a medical temporary LIMDU appointment is scheduled and attended no later than 30 days prior to the expiration of the temporary LIMDU period.

(7) Monitor IMR via Bureau of Naval Personnel Online and complete all IMR requirements in a timely manner.

1. Reserve Service Members. Report any change(s) in medical readiness to Navy Reserve activity medical department representative within 30 days from date of diagnosis.

10. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned for the standard subject identification codes 1000 through 13000 series per the records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the DON/AA DRMD program office.


11. Review and Effective Date. Per OPNAVINST 5215.17A, OPNAV N17 and PERS-454 will review this instruction annually on the anniversary of its effective date to ensure applicability, currency and consistency with Federal, DoD, SECNAV, and Navy policy and statutory authority using OPNAV 5215/40 Review of instruction. This instruction will be in effect for 5 years, unless revised or cancelled in the interim, and will be reissued by the 5-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

12. Forms. The forms listed below in subparagraphs 12a through 12d can be obtained from Naval Forms OnLine at: <https://navalforms.documentservices.dla.mil/web/public/home>.

a. NAVPERS 6110/3 Physical Activity Risk Factor Questionnaire (PARFQ).

b. NAVPERS 1070/613 Administrative Remarks.

- c. NAVMED 6100/5 Abbreviated Medical Evaluation Board Report.
- d. NAVMED 6100/6 Return of a Patient to Medically Unrestricted Duty from Limited Duty.



R. P. BURKE
Deputy Chief of Naval Operations
(Manpower, Personnel, Training
and Education)

Releasability and distribution:

This instruction is cleared for public release and is available electronically via Department of the Navy Issuances Web site, <http://doni.documentservices.dla.mil/>

DEFINITIONS

1. Deployability Category Code. A code that identifies a Service member's deployability status. Deployment category codes further delineate the deployability category assignment of varying conditions (medical, legal, humanitarian assignment, pregnancy, etc.) into categories that are reportable to leadership and visible to those personnel with an official need to know (PERS-454, detailers, etc.). This information will be maintained by PERS-454, which will review, validate and apply category codes as required. This information will be maintained for historical reporting and trend analysis in support of business intelligence and modeling. Additionally, the deployment category code will be available to Navy government systems requiring deployability information to support critical medical, personnel and distribution processes.
2. Deployability. A Service member is deployable if he or she does not have a Service-determined reason that precludes him or her from deployment.
3. Deployability Assessment. A determination of a Service member's ability to deploy as related to medical and administrative conditions.
4. Demobilization. The process of transitioning from a conflict situation or from a wartime military establishment and defense-based civilian economy to a peacetime configuration while maintaining national security and economic vitality. Demobilization includes returning mobilized Reserve Component (RC) Service members to their former status by processing for discharge or release from active duty.
5. Disability Evaluation System (DES). A process for determining the Service members' fitness for continued military service due to a disability, per reference (b). Service members will proceed through either the Legacy DES or the Integrated DES.
6. Integrated DES. A type of DES process. The DoD and Department of Veterans Affairs joined together to create Integrated DES to integrate processes that were formerly executed separately. The goal of Integrated DES is to streamline the DES to improve the delivery of services and benefits to Service members and their families. For Service members who are stationed outside continental United States, when the overseas CA responsible for the MTF determines that the Service member has a chronic condition and a poor prognosis for return to medically unrestricted duty, the CA should notify the Service member's command to initiate the early return process through Bureau of Naval Personnel Online in line with reference (g).
7. Legacy DES. A DoD only DES process which determines the Service member's fitness for continued military service and DoD eligibility or rating if they are separated or retired for a disability.
8. Light Duty. As defined in reference (j), this process provides a maximum of three 30-day periods during which a Service member is removed from full duty for medical reasons. The light

duty period allows for appropriate clinical evaluation and treatment. A DoD healthcare provider placing a Service member on light duty does so if the Service member is expected to return to a medically unrestricted duty status at the end of the light duty period. Care must be exercised to ensure that light duty is not abused or used as an inappropriate substitute for a temporary LIMDU evaluation. Light duty presumes frequent provider and patient interaction to determine whether return to medically unrestricted duty status or more intensive therapeutic intervention and temporary LIMDU referral is appropriate.

9. Limited Duty (LIMDU). As defined in reference (j), the assignment of a Service member in a duty status for a specified time, with certain medical limitations or restrictions concerning the duties the Service member may perform. LIMDU is divided into two separate categories: temporary LIMDU and permanent LIMDU.

a. Temporary LIMDU. Per references (j) and (k), a Service member is assigned in a temporary LIMDU status when the medical condition is temporary and the staff medical provider expects the Service member to return to duty in the specified period of time.

b. Permanent LIMDU. There are two groups considered in permanent LIMDU status.

(1) Unfit Finding by PEB. Service members who have been found “unfit for continued Naval Service” as a result of the DES process may request permanent LIMDU under reference (f), and, if approved, will remain on active duty for a specified time. Assignment of permanent LIMDU may be authorized by the waiver authority designated by SECNAV for Service members who meet criteria of reference (f). Service members approved for permanent LIMDU must be placed in an appropriate deployment category code, with a projected rotation date that corresponds with the approved permanent LIMDU date. Once placed in a permanent LIMDU status, the member may remain at the current command or be assigned to a valid billet as directed by fleet manning control authority priorities based on needs of the Navy. Assignment must be made to an area where the required medical care is available.

(2) Fit Finding by PEB. In line with reference (d), this includes Service members processed through the DES who are not deployable and were retained in the Military Service. A military Service may direct a Service member to reenter the DES process to be reconsidered for retirement or separation for disability.

10. Manpower Availability Status Code. Codes are used by the COMNAVRESFOR to identify a Reserve member’s readiness to mobilize.

11. Medical Assignment Screening. Short and concise medical screening to specifically review a Service member's medical condition and determine deployability status after the Service member has been found fit and returned to duty by the PEB. Medical assignment screening must be completed following reference (g). Responsibility for the medical assignment screening

remains with the Service member's parent command. The results of the medical assignment screening will be reported to Navy Personnel Command per references (g) and (l).

12. Medical Evaluation Board (MEB). Under reference (j), a MEB is a panel of providers attached to one of the MTFs whose commander or commanding officer has been expressly designated as CA for MEBs. Findings by the MEB are provided on an NAVMED 6100/5 or a medical evaluation board report.

13. Medical Evaluation Board Report. As opposed to the NAVMED 6100/5, this detailed summary of the Service member's medical condition(s) is prepared by the attending physician and is used to request a referral to DES.

14. Medical Retention Review (MRR). Initiated for RC members who develop or have a material change in a potentially disqualifying (e.g., deployment limiting) medical condition that is not expected to resolve within 180 days and is likely to prevent member from safely or effectively fulfilling the responsibilities of their grade, designator, or rating, or interfere with mobilization.

15. Mobilization. The process of bringing the Navy to a state of readiness for operational missions, contingencies, national emergencies, or war to include the involuntary and voluntary order to active duty of units and members of the RC. Reserve members may also be mobilized as individual augmentation in support of joint manning documents, combat support, or Military Service support requirements as directed by the Deputy Chief of Naval Operations for Operations, Plans and Strategy (CNO N3N5).

a. Mobilization Involuntary. The process of ordering an RC member to active duty without his or her consent in line with reference (n), sections 12301(a), 12302, 12304, 12304a or 12304b. Mobilization volunteers may still be ordered to active duty under involuntary orders.

b. Mobilization Voluntary. The process of ordering an RC member to active duty with his or her consent in line with reference (n), section 12301(d).

16. Operational and Overseas Screening (sea duty and outside continental United States screening). Per reference (t), each Service member must be screened within 30 days of receipt of transfer orders or an overseas screening notification. Service members must not transfer until the satisfactory completion of all aspects of the suitability screening process. Outside continental United States and operational duty screening must be conducted following reference (t).

17. Return to Duty. Determination made by the MTF CA that a member previously on a period of temporary LIMDU may be returned to a medically unrestricted status.